

Fee Review Request / Hardship Request Form

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☐ Fee Review Request

The permit categories listed under "Description" on the front of this invoice represent the formal status of your permit(s) in the records of the Department at the beginning of the Fiscal Year on July 1, or for Environmental Results Program certifiers, the date the facility certified, on or before the certification due date. If you believe your permit has been assigned to the wrong category you may request a review on or before the payment due date on your original invoice. Please complete all of the required information below. **All review requests must be accompanied by payment in full of the amount of the fee due for the category you assert is appropriate.**

☐ Hardship Request for Payment Plan

In cases of severe financial hardship, you may request a payment plan. Please complete all of the required information below and provide us with a statement of the specific circumstances you believe constitute severe financial hardship; a proposed schedule for making payment. All requests to extend the time for making payment must be filed in writing on or before the due date on the front of the original invoice.

A written determination will be issued for both types of requests. Return this form along with the invoice remit slip and your payment in the return envelope provided, or send them to: The Department of Environmental Protection, Commonwealth Master Lock Box, P.O. Box 3982, Boston, MA 02241-3982

Before we process this form we must have your Company Federal Identification Number or (FEIN) _____

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The following information is required for processing all requests.

- Please Print -

Information as it appears on invoice or as corrected on the reverse side of this form

Invoice Number: _____ Customer Number: VC _____
Permittee/Company Name: _____ Secondary Name: _____
Mailing Address: Street/P.O. Box _____ City/Town _____ Zip _____
Facility Site Address: Street _____ City/Town _____ Zip _____

Reason for Fee Review Request

☐ Business Closed Prior to July 1, or Sept. 15 of last year, for ERP Certifiers **Effective Date of Closure:** ____/____/____
☐ Incorrect Permit Fee Category ☐ Other _____

Fee category and amount on invoice being contested: _____ \$ _____

Fee category and amount you assert is appropriate: _____ \$ _____

Please explain the reason that you believe the permit fee category change is appropriate or the specific circumstances you believe constitute severe financial hardship. Also include payment plan information and any additional comments below. You may attach additional pages as necessary. _____

Contact Name: _____ **Telephone #** _____
Email Address _____

Attestation

I have examined this request and to the best of my knowledge and belief, all information supplied on this form is true, correct, and complete. Attest:

Signature of Company Official _____ Date: _____

Name & Title _____